

Re: _____ Clmt Atty _____
Vs: _____ Resp Atty _____
and _____ Fund Atty _____
Docket No. _____ Date of Hearing _____

(Ks. Adm. Reg. 51-3-8)
PRE-TRIAL STIPULATIONS

Notice of Hearing Objections? Form? _____ Service? _____

Questions to Claimant

1. In what county is it claimed that Claimant met with personal injury by accident? _____
May it be heard in this County? Yes _____ No _____
2. Upon what date is it claimed that Claimant met with personal injury by accident? _____

Questions to Respondent

3. Does Respondent admit Claimant met with personal injury by accident on the date alleged? Admitted _____ Denied _____
4. Does Respondent admit Claimant's alleged accidental injury "arose" out of and in the course of employment? Admitted _____ Denied _____
5. Does Respondent admit notice? Admitted _____ Denied _____
6. Does Respondent admit the relationship of employer/employee existed on the date of the alleged accident? Admitted _____ Denied _____
7. Does Respondent admit the parties are covered by the Kansas Workers Compensation Act? Admitted _____ Denied _____
8. Does Respondent admit claim was made? Admitted _____ Denied _____
9. Did Respondent have an Insurance Carrier on the date of the alleged accident? Yes _____ No _____
Name of Company: _____

Questions to Both Parties

10. Is there an agreement on the average weekly wage? Yes _____ No _____ \$ _____

If no agreement, then parties are expected to provide me with this information within 30 days of this date.

If not received within that time, the Respondent will be bound by Claimant's testimony.

11. Has any compensation been paid? Yes _____ No _____

Temporary Total

Temporary Partial

Total Amount: _____

Total Amount: _____

Number of Weeks: _____

Number of Weeks: _____

Dates: _____

Dates: _____

Rate: _____

Rate: _____

Agreed: Yes _____ No _____

12. What additional dates does Claimant claim temporary total for? _____

13. Has any medical or hospital treatment been furnished? Yes _____ No _____

(Read into record amount paid and to whom paid)

Total \$ _____

14. Does Claimant claim hospital or medical expense for:

Reimbursement: Yes _____ No _____
(Read into record or submit by letter within 30 days)

Amount: _____

Additional: Yes _____ No _____
(Read into record or submit by letter within 30 days)

Amount: _____

Future: Yes _____ No _____

Physical Restoration: Yes _____ No _____

15. Is claim made by Claimant for unauthorized medical? _____

16. Is nature and extent of disability an issue: Yes _____ No _____

17. Is there an agreement upon a functional impairment rating? _____

18. Is there a desire on the part of either party to have the Claimant referred to Vocational Rehabilitation for retraining?
Yes _____ No _____

19. Is the Workers' Compensation Fund to be impleaded as an additional party? Yes _____ No _____

20. Fund's liability? _____

21. What evidence is scheduled by the Claimant? _____
By the Respondent? _____

Facts: _____

Terminal Dates: _____

Claimant: _____

Respondent: _____

Fund: _____